

## **SUPPLEMENTAL APPLICATION DATA SHEET**

### **Application Information**

Application Type:: Regular  
Subject Matter:: Utility  
Sequence Submission:: Paper  
Computer Readable Form (CRF)?:: Yes  
Number of copies of CRF:: 1  
Title:: Diagnosis and Treatment of Vascular Disease  
  
Attorney Docket Number:: MMI-003  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Total Drawing Sheets:: 117  
Small Entity?:: No  
Petition included?:: No  
Secrecy Order in Parent Appl.?:: No

### **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Jeanette  
Middle Name::  
Family Name:: McCarthy  
City of Residence:: San Diego  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of mailing address:: 3625 Dupont Street  
City of mailing address:: San Diego  
State or Province of mailing address:: CA

Country of mailing address:: US  
Postal or Zip Code of mailing address:: 92106

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: George  
Middle Name::  
Family Name:: Daley  
City of Residence:: Weston  
State or Province of Residence:: MA  
Country of Residence:: US  
Street of mailing address:: 50 Young Road  
City of mailing address:: Weston  
State or Province of mailing address:: MA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 02193

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Stacey  
Middle Name::  
Family Name:: Bolk  
City of Residence:: West Roxbury  
State or Province of Residence:: MA  
Country of Residence:: US  
Street of mailing address:: 202 Baker Street #1  
City of mailing address:: West Roxbury

State or Province of  
mailing address:: MA  
Country of mailing address:: US  
Postal or Zip Code of mailing  
address:: 02132

**Correspondence Information**

Correspondence Customer  
Number:: 000959

**Representative Information**

<b>Representative Customer Number:</b>	000959
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**Domestic Priority Information**

<b>Application:</b>	<b>Continuity Type:</b>	<b>Parent Application:</b>	<b>Parent Filing Date:</b>
This Application	Non-Provisional of	60/317,033	09/04/01
This Application	Non-Provisional of	60/330,248	10/17/01

**Assignee Information**

Assignee name:: Vitivity, Inc.  
Street of mailing address:: One Kendall Square, Building 700  
City of mailing address:: Cambridge  
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Address:: 02139  
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